

THE STATUS OF CHILDREN



IN BOULDER COUNTY 2015

This project was supported by the Boulder County Community Services Department, Boulder County Public Health, City of Boulder Human Services Department, and YWCA of Boulder County.

1995 - 2015

The Status of Children in Boulder County has been published annually since 1995. The report summarizes quantitative indicators of the well-being of children and youth, tracks changes in those indicators over time, and identifies trends that are encouraging and those that are areas of concern. The report is produced by the Boulder County Movement for Children, an affiliate of the YWCA of Boulder County that seeks to stimulate awareness of and involvement in children's issues.

One of the primary goals of **The Status of Children** is to help inform public policy discussions and decisions that will ultimately improve the lives of our children. Trends in a wide range of topics as they relate to children are reported, including the following issues identified by local initiatives as focus areas for improving the general health and well-being of our community: poverty and homelessness, access to high-quality, affordable child care, gaps in health outcomes and educational achievement, obesity, risk behaviors, and teen births.

The data were compiled from local, state, and federal agencies. Where possible, the indicators for Boulder County were compared to statewide indicators and to the goals identified by Healthy People 2020, a cooperative effort among government and non-government agencies that identifies a wide range of public health priorities and goals for the nation.

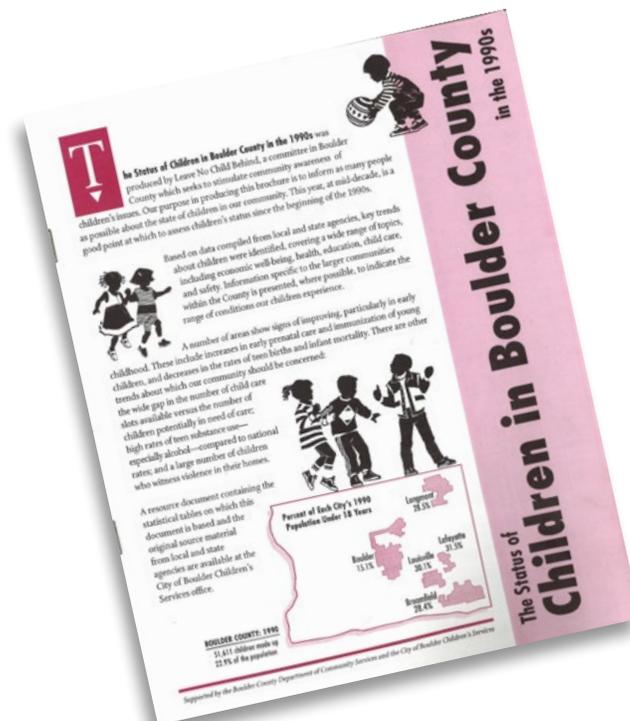
In addition to the hard copy, this report can be accessed electronically on the following websites. In each website's search box, enter "status of children 2015".

Boulder County Community Services:
www.BoulderCountyCommunityServices.org

The Early Childhood Council of Boulder County:
www.eccbouldercounty.org

YWCA of Boulder County:
www.ywcaboulder.org
(contains links to all Status of Children reports)

To find out more about Boulder County Movement for Children, please visit our website at:
www.ywcaboulder.org/programs/publicpolicy/bcmc/



Then and Now

The Status of Children in Boulder County was first published 20 years ago. Much has changed in our community since then. The table below sets forth these changes for selected indicators of the status of Boulder County's children. It is not a comprehensive list because, in some cases, information that has become available in recent years was not available in the early years of this report, and the way in which some indicators are defined (e.g., high school graduation rates) has changed. The table does show a number of striking changes over time, including substantially increased diversity in the child population, increased child poverty, child-care costs that have risen well above the rate of inflation, and dramatic declines in the rates of teen births and out-of-home placements.

	Then	Now	% Change
Population			
Total population	257,502 (1995)	317,341 (2015)	23.2%
Population < 18 years	59,266 (1995)	64,958 (2015)	9.6%
% of total population < 18 years	23.0% (1995)	20.5% (2015)	-10.9%
% of population < 18 years white non-Latino	85.0% (1990)	66.1% (2014)	-22.2%
% of population < 18 years Latino (any race)	10.6% (1990)	23.7% (2014)	123.6%
Child poverty			
% of children below poverty	9.3% (1990)	16.2% (2014)	74.2%
% of students eligible for free/reduced lunch program: Boulder Valley School District (BVSD)	13.8% (1994)	19.7% (2014)	42.8%
% of students eligible for free/reduced lunch program: St. Vrain Valley School District (SVVSD)	21.2% (1994)	30.1% (2014)	42.0%
Health			
% of live births with late or no prenatal care	16.0% (1994)	15.8% (2014)	-1.3%
Live births per 1,000 women aged 15-19	23.4 (1994)	9.3 (2014)	-60.3%
Infant mortality rate per 100,000 aged birth - < 1 year	5.2 (1994)	6.1 (2014)	17.3%
Child death rate, aged 1-14 (per 1,000)	19.6 (1994)	9.9 (2014)	-49.5%
Teen death rate, aged 15-19 (per 1,000)	46.6 (1994)	29.0 (2014)	-37.8%
Child care (In 2014 \$s)			
Average daily cost, full-time center care, birth to 12 months	Boulder: \$52.03 (1994)	\$67.80 (2014)	30.3%
	Longmont: \$40.59 (1994)	\$52.60 (2014)	29.6%
Average daily cost, full-time center care, 1-2 years old	Boulder: \$45.25 (1994)	\$65.20 (2014)	44.1%
	Longmont: \$36.12 (1994)	\$46.80 (2014)	29.6%
Average daily cost, full-time center care, 2-5 years old	Boulder: \$39.02 (1994)	\$59.80 (2014)	53.3%
	Longmont: \$31.47 (1994)	\$41.40 (2014)	31.6%
Education			
Student enrollment (PK - 12), BVSD	25,230 (1995)	30,908 (2014)	22.5%
Student enrollment (PK - 12), SVVSD	16,790 (1995)	31,076 (2014)	85.1%
Safety/protection			
Out-of-home placement rate (per 1,000 < 18 years)	9.1 (State Fiscal Year 1994/95)	3.7 (State Fiscal Year 2014/15)	-59.3%

During the 20 years since this report was first published, Boulder County has experienced a number of significant changes in the status of children and families. Some of these trends are encouraging, but there are other trends about which our community should be concerned. The following is a brief summary of trends among the county's children and families.

Economic Well-Being

Areas of Concern:

- Boulder County's **child poverty rate** increased by 74% between 1990, when 9.3% of children under 18 lived in poverty, and 2014, when 16.2% lived in poverty. The county's child poverty rates since the end of the recession have not returned to pre-recession levels.
- Poverty is **not equally distributed** among the county's children. The 2014 poverty rate among Hispanic children and female-headed families with children under age 18 was almost 5 times the rate for white non-Hispanic children and married-couple families with children under 18.
- In 2014, 15.6% of Boulder County's children lived at the edge of poverty, with family incomes between **100% and 200% of federal poverty**. Nearly 1 in 3 Boulder County children were **below 200% of poverty**.

Health

Encouraging Trends:

- **Access to medical care:** 97.1% of the county's children under age 18 had health insurance (public or private) in 2014. Combined 2013-2014 results from a statewide survey found that 94.6% of the county's children aged 1 to 14 had a personal health-care provider and 97.4% of those who needed medical care in the previous year received it.
- **Access to dental care:** The same survey found that 88.4% of children aged 1 to 14 had a regular source of dental care and 95.8% of those who needed dental care in the previous year received it.
- Between 1994 and 2014, Boulder County's **birth rate for teens aged 15 to 19** decreased by 60% and between 2009 and 2014, by 48%.

Areas of Concern:

- In 2013-14, only 11.0% of the county's children aged 1 to 14 had visited the dentist by their first birthday.
- In 2014, nearly 1 in 4 of the county's WIC-enrolled children aged 2 to 5, were **overweight or obese**, about the same percentage as Boulder County children aged 2 to 14 in the general population in 2013-14.
- Sixteen percent of students enrolled in Boulder Valley School District (BVSD) and 7.0% of St. Vrain Valley School District (SVVSD) students had **parent exemptions from some or all required vaccinations** for medical reasons or due to religious or personal beliefs.
- Boulder County's **suicide death rate** in 2012-14 among teens aged 15 to 19 was seven times the **motor-vehicle death rate** in that time period.
- Findings from the 2013 Boulder County Youth Risk Behavior Survey show that there were considerable differences among student groups in some risk-related attitudes and behaviors, with higher rates in a number of these attitudes/behaviors for female, Hispanic, and LGBQ students.

Child Care

Areas of Concern:

- Few licensed providers in Boulder County are **accredited** by a national child care accrediting organization.
- Between 1994 and 2014, child care costs in Boulder County rose well above the rate of inflation. At \$339 a week or \$17,628 a year in 2014, the average cost of **center-based infant care** in Boulder is 73% of the income of a family of four living at the federal poverty level.
- After adjusting for inflation, the **average hourly wage rates** of Boulder County center/preschool staff were lower in 2014 than in 2012. The percentages of staff that received **benefits** (including paid vacation, free or reduced cost child care, health insurance, a retirement plan, and disability insurance) were generally lower in 2014 than in 2012.

Education

Encouraging Trends:

- In both county school districts and statewide, the percentages of public kindergarten students in **full-day kindergarten** increased between 2008 and 2014, although BVSD's rates remained far below SVVSD and state rates.
- In both county school districts, the **gaps** between the performance of Hispanic students and white non-Hispanic students on the **4th-grade CSAP/TCAP reading test** declined between 2008 and 2013. Those gaps, while still substantial in both school districts, decreased because Hispanic students showed improvement in the percentages scoring at or above proficiency, while the percentages among white non-Hispanic students remained about the same.
- **Four-year (on-time) graduation rates** increased in both SVVSD and BVSD between 2010 and 2014.
- Although on-time graduation rates for **white non-Hispanic students** in both county school districts increased modestly between 2010 and 2014, the rates for **Hispanic students** increased by 30% in both school districts. As a result, the **gaps** narrowed during that time period.
- In both county school districts, the gap between **white non-Hispanic students** and **Hispanic students** in the **school dropout rate** decreased between 2010-11 and 2013-14.

Areas of Concern:

- Gaps between student groups in **percentages scoring at or above proficiency** and **median growth percentiles** persisted in both county school districts in the 4th-grade CSAP/TCAP reading test and the 10th-grade CSAP/TCAP math test.

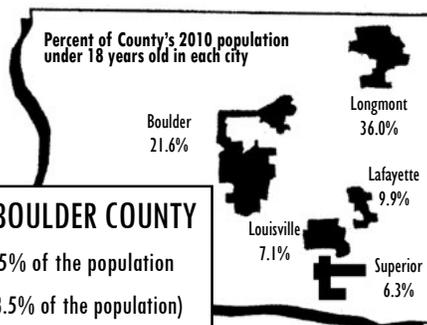
Safety/Protection

Encouraging Trends:

- Boulder County's **child maltreatment** rates showed a 58% decrease between Federal Fiscal Year (FFY) 2003-04 and FFY 2014-15. During that time period, state rates were relatively stable.
- Boulder County's rates of **out-of-home placements** have been below the statewide rate every year since 1991-92.

Areas of Concern:

- Boulder County households with **substantiated child abuse/neglect** were about twice as likely to have domestic violence or alcohol use as were investigated households with unsubstantiated abuse/neglect.



CHILDREN UNDER 18 IN BOULDER COUNTY

2015 64,958 children make up 20.5% of the population

2025 (projected) 65,932 children (18.5% of the population)

All Children Under Age 18

Economic Well-Being

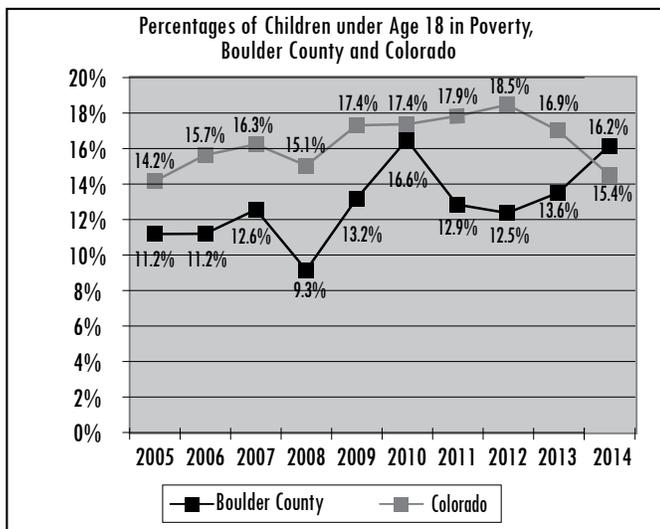
In 2014, 16.2% of Boulder County's children under age 18, an estimated 10,126, lived in **poverty**. That is the highest rate since 2010 (although the 2014 rate was within the margin of error of the 2011, 2012, and 2013 rates). The county's **total poverty rate** held steady between 2009 and 2014, when it was 14.1%, although it remained higher than in the pre-recession years. Statewide, the 2014 child poverty rate was 15.4%, the first time since at least 2000 that the county rate was higher than the state rate.

Poverty is not equally distributed among the county's children and families. The 2014 poverty rate among **Hispanic children**, 39.5%, was almost five times that among **white non-Hispanic children**, 8.5%. **Female-headed families** with children younger than 18 were five times more likely to be in poverty than were **married-couple families** with children, 30.8% versus 6.2%.

In 2014, forty percent of Boulder County's children who lived below poverty were in **"deep poverty"**, which is defined as below 50% of poverty. That represents 6.5% of all Boulder County children younger than 18.

In 2014, an additional 15.6% (9,790) of children lived **near poverty**, between 100% and 200% of poverty. This brings to nearly a third (31.8%), or an estimated 19,900 Boulder County children, living **below 200% of poverty**. The percentage of near-poor children in 2014 was about the same as it has been every year but one since 2009.

Safety-net benefits have helped prevent many low-income families in Boulder County from falling more deeply into poverty. Among the lowest-income families are those who are eligible for **Temporary Assistance for Needy Families (TANF)**. The annual rate of children receiving TANF decreased by 14% between 2012 and 2014. During the same time period, the annual rate of children receiving **SNAP (Food Stamps)** decreased by 8% and was received by nearly 1 in 5 Boulder County children in 2014. (County data on households and children receiving TANF and SNAP before 2012 cannot be compared to data from 2012 on due to changes in reporting.) More than 1 in 4 of the county's children under age 5 were enrolled in **WIC** in 2014, a decrease of 9% since 2012.



Boulder County's 2014 poverty rates for **children under age 5** and for **children aged 5 to 17** were not significantly different, 17.6% and 15.6%, respectively.

The Federal Poverty Level, which is used to determine eligibility for a wide variety of programs, was set at \$24,250 in 2015 for a family of four in the 48 contiguous states. That income is not nearly high enough for **economic self-sufficiency** in Boulder County. According to the report, **The Self-Sufficiency Standard for Colorado 2015, prepared for the Colorado Center on Law and Policy**, a Boulder County family of two adults, an infant and a preschooler needs \$86,644 to meet basic needs. That is more than three times the Federal Poverty Level.

Percentages of Boulder County Children Receiving TANF, SNAP, and WIC

Calendar year	TANF (<18 years)	SNAP (< 18 years)	WIC (birth-60 months)
2012	2.8%	20.2%	29.3%
2013	2.7%	19.1%	27.1%
2014	2.4%	18.5%	26.8%

TRENDS

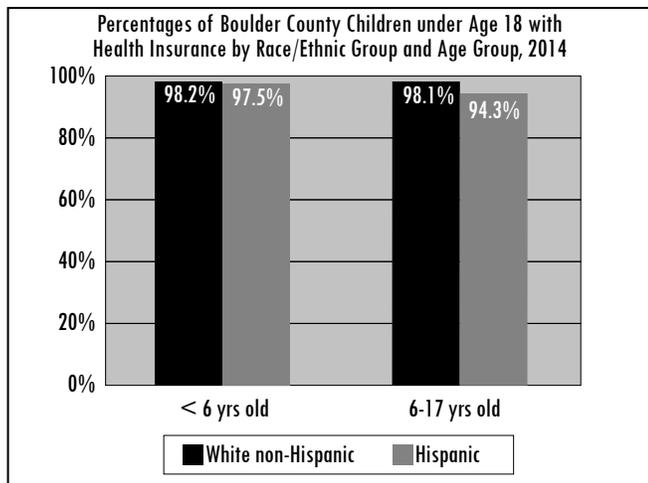
Health

According to combined results (due to small sample sizes) from the 2013 and 2014 **Colorado Child Health surveys**:

- 94.6% of Boulder County children aged 1 to 14 had a **personal health-care provider**. That was far higher than the *Healthy People 2020 target* of 63.3%.
- 97.4% who needed medical care in the in the previous year received it.
- 88.4% had a **regular source of dental care**.
- 95.8% percent who needed dental care in the previous year received it.

These rates are similar to statewide rates.

Census estimates for 2014 indicate that 97.1% of Boulder County children under age 18 had **health insurance** (public or private), which was somewhat higher than the statewide rate of 94.4%. Similar percentages of Boulder County’s Hispanic and white non-Hispanic children under age 6 and aged 6 to 17 had health insurance. This is the first year since these data became available in 2009 that there hasn’t been a substantial gap in the insured rate between the county’s Hispanic and white non-Hispanic children.



The American Academy of Pediatric Dentistry, American Dental Association, and American Academy of Pediatrics all recommend a **dental visit** for children by age one. However, combined results from the 2013 and 2014 Colorado Child Health surveys found that:

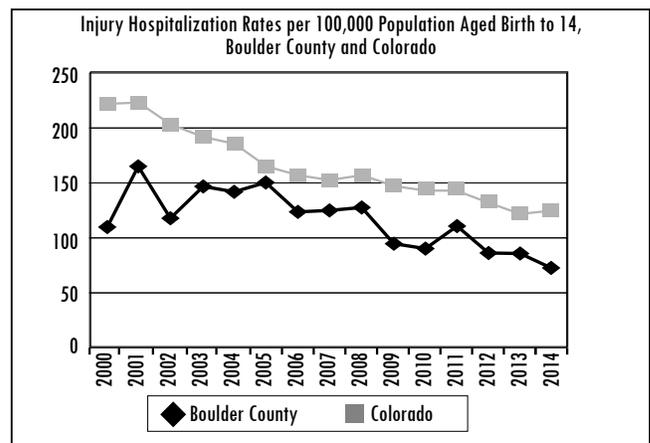
- 11.0% of Boulder County children aged 1 to 14 had visited the dentist by their **first birthday**.
- Almost three-quarters (71.5%) had their first visit between the **ages of 13 and 48 months**.
- For 17.5%, the first visit was at or after **49 months or had not yet occurred**.

The Child Health Survey found in 2013-2014, based on parent reports of their child’s height and weight, that 25.7% of Boulder County children aged 2 to 14 were **overweight or obese**; this was similar to the 26.7% of children statewide who were reported to be overweight or obese. Fourteen percent of Boulder County children were obese and 11.4% were overweight.

Results from the Child Health Survey on the **mental-health status** of Boulder County children show that:

- Twenty-two percent of parents reported that their child aged 1 to 14 had **difficulties with emotions, concentration, behavior, or getting along with others**. This compares to 19.7% statewide.
- 9.6% of parents indicated that their child had emotional, developmental, or behavioral problems for which the child needed **treatment or counseling** (8.2% statewide).
- 12.7% of Boulder County parents of children aged 2 to 14 stated that their child had received **mental-health treatment or counseling** in the past 12 months; the percentage was the same statewide.

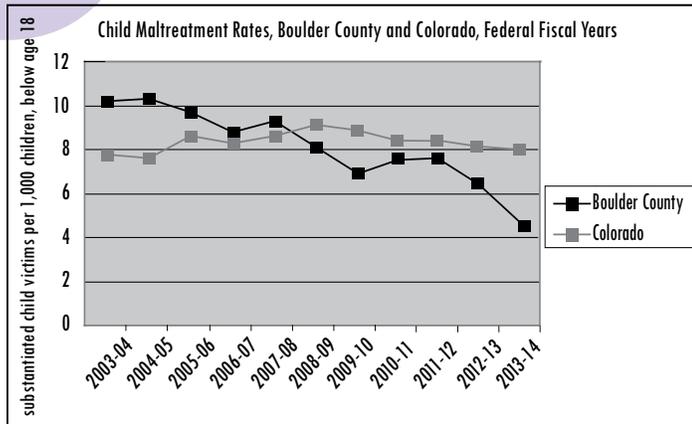
The rate of children’s injuries resulting in hospitalization declined in both Boulder County and the state, although the decline was more uneven in the county. Since 2000, the county’s rate of **hospitalizations due to injuries** for children from birth to age 14, after reaching a peak in 2001, fell to a low point in 2014. In that year, there were a total of 38 injury hospitalizations among the county’s children in that age group, a rate of 72.7 per 100,000.



Between 2000 and 2014, Boulder County’s **mortality rates** for children aged 1 to 14 were uneven but trended downward, from 26.4 deaths per 100,000 (14 deaths) in 2000 to 9.9 per 100,000 (5 deaths) in 2014. Statewide rates also declined during that time period, from 21.8 to 15.2, and were higher than county rates almost every year since at least 1990.

Safety/Protection

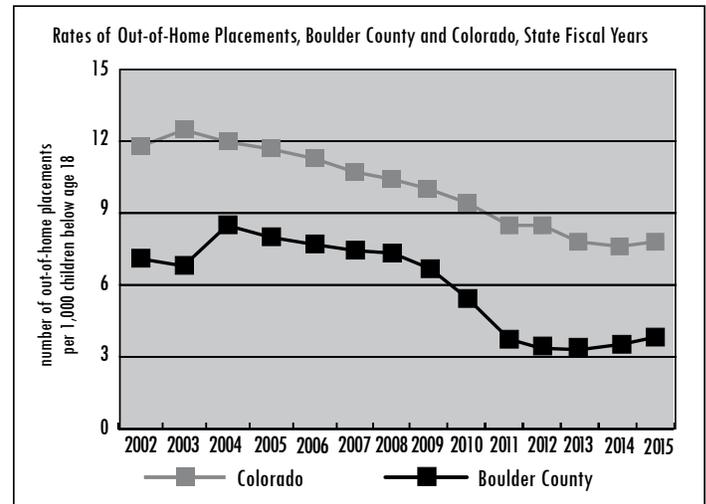
Boulder County's **child maltreatment** rates continue to trend downward, from 10.2 per 1,000 children under age 18 (640 children) in Federal Fiscal Year 2003-04 to 4.3 per 1,000 (275 children) in FFY 2013-14, a 58% decrease. During the same time period, statewide rates were relatively stable. *Since 2008-09, Boulder County's rates have been below the Healthy People 2020 target of 8.5 child maltreatment victims per 1,000.*



Of Boulder County's 182 **substantiated cases of child abuse/neglect** in 2014, 30% were in households with an identified problem of sexual assault, 23% were in households with domestic violence, 19% were in households with alcohol abuse, 14% were in households with illegal drug use, and 9% were in households where methamphetamine use was present. Sixty-one percent of abuse/neglect cases were in households in Longmont, 20% were in Boulder, and 19% were in Erie, Lafayette, or Louisville. Investigated households with substantiated abuse/neglect were about twice as likely to have domestic violence or alcohol use as were investigated households with unsubstantiated abuse/neglect, as has been the case almost every year since 2003. (A child abuse/neglect case may involve one or more than one child.)

In 2014, the **Safehouse Progressive Alliance for Nonviolence (SPAN)** shelter in Boulder served 97 children and **Safe Shelter of St. Vrain Valley** shelter in Longmont served 85 children. Sixty-three percent of the 280 adults (women, men, and transgender people) served by the SPAN shelter were accompanied by children younger than 18, as were 45% of the 103 adults served by the Safe Shelter program. For both shelters, more than 90% of children were aged 14 or younger.

Following steady declines from State Fiscal Year 2003-04 to SFY 2011-12, **out-of-home placements** in Boulder County stabilized. However, in SFY 2014-15, there was a small increase to 3.7 per 1,000 children under 18, when 237 children under 18 were placed out of their homes due to abuse, neglect, serious emotional problems, conflict with parents, or juvenile delinquency. Statewide rates remained stable over the past three years, at 7.8 in SFY 2014-15. Boulder County's out-of-home placement rate has been below the statewide rate every year since 1991-92.



Early Childhood: Prenatal Through Age 5

Child Care

According to 2014 Census Bureau estimates, two-thirds of Boulder County's children under age 6, about 12,400, lived in families in which all parents were in the labor force. The large number of children from birth to age 5 with working parents combined with a growing emphasis on school readiness for young children means that quality, affordable childcare is an essential need for Boulder County families.

In July 2015, there were 261 **licensed child care providers** in Boulder County – 155 centers and preschools (not including school-age facilities) and 106 family child care homes. After reaching a high since 2002 of 330 in 2011, the total number of licensed providers in Boulder County has declined over the past four years. Between 2002 and 2015, the number of family child care homes decreased from 168 to 106. During the same time period, the number of centers/preschools (not including school-age sites) increased from 116 to 155.

Few licensed providers in Boulder County are **accredited** by a national child care accrediting organization. Accredited child care programs meet professionally established standards of quality that exceed state licensing requirements. In 2015, 6.5% (10) of centers/preschool were accredited. For the third year in a row, no child care homes were accredited. The percentage of accredited centers/preschools in the county has declined since 2008, when it was 8.9%. Since then, the percentage of accredited homes has never been higher than 1.5%.

In 2014, the average **cost of full-time licensed child care** ranged from \$339 a week for infant care in centers located in Boulder to \$182 a week for family child care homes for children aged 2 to 5 in Longmont. Many families in Boulder County are unable to afford licensed child care without financial assistance. At \$339 a week or \$17,628 a year, the cost of center-based infant care in Boulder is 73% of the income of a family of four living at the federal poverty level and 18% of Boulder County's 2014 median income among families with children of \$98,083.

The **Colorado Child Care Assistance Program (CCCAP)** provides a subsidy to licensed providers that care for low-income children. In Boulder County, the income threshold is 225% of the federal poverty level. In the 2nd quarter of 2015, 170 licensed providers in Boulder County had CCCAP contracts, a 4% increase over the 2nd quarter of 2014, when there were 164 CCCAP providers. Since 2009, when there were 279 CCCAP providers, there has been a 39% decrease in those providers.

The CCCAP subsidy covers about 90% or more of the **average market rate of child care** for infants and toddlers in both centers/preschools and homes in the five largest communities in the county, with the exception of infant care provided in centers in Lafayette/Erie, where CCCAP covers an average of only 76% of the gap. A major gap in care for 2 to 5 year olds exists, where, with the exception of home care in Lafayette/Erie, the subsidy covers only from 75% to 82% of the average market rate.

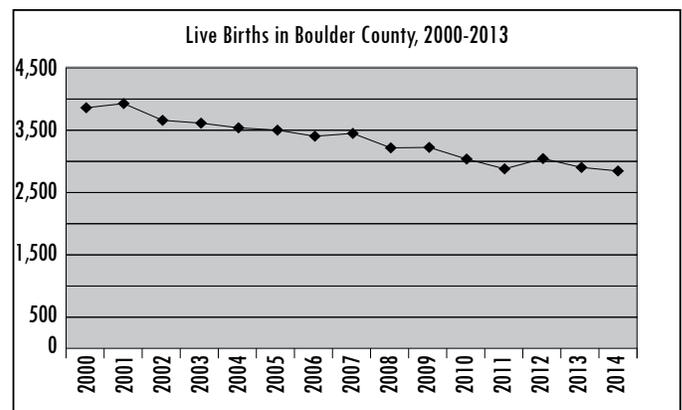
Average compensation for Boulder County's center/preschool workers has decreased since 2012. A 2014 survey of **child care center/ preschool staff** in Boulder County found that **average full-time**

hourly wages were \$21.94 for Directors, \$16.98 for Assistant Directors, \$13.41 for Infant Nursery Supervisors, \$15.07 for Early Childhood Teachers, \$11.74 for Assistant Early Childhood Teachers, and \$10.17 for Staff Aides. After adjusting for inflation, all six position categories earned less in 2014 than in 2012, ranging from a decrease of 3.4% for Assistant Early Childhood Teachers to a decrease of 9.4% for Infant Nursery Supervisors. (A 2015 survey was not available as of this writing.)

The same survey found that an average of 80% of staff in each position category received paid vacation, nearly two-thirds received free or reduced cost child care, and over half received a health insurance benefit. With few exceptions, the percentages of staff in each of the six position categories that received each type of **benefit** (paid vacation, free or reduced cost child care, health insurance, a retirement plan, and disability) were lower in 2014 than in 2012.

Health

Births and birth rates in both Boulder County and Colorado have continued a downward trend. In 2014, there were a total of 2,866 **live births** in Boulder County and a **birth rate** of 43.4 births per 1,000 women aged 15 to 44. That represents a decline of 27% in the number of births and a decline of 24% in the birth rate since 2001, when there were 3,931 births and a birth rate of 57.1 per 1,000 women. The birth rate decreased in Colorado, by 9% to 61.2 in 2014, but remained higher than the county's birth rate throughout the 2001 to 2014 period.

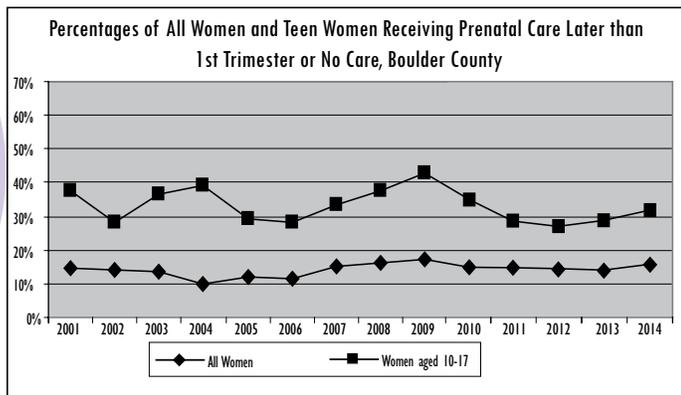


Nearly 1 in 4 (23.8%) Boulder County women with live births were enrolled in **WIC** in 2014. This was about the same as in 2013 but a decrease since 2010 when it was 28.1%. There was also a decrease statewide, from 34.1% in 2010 to 29.0% in 2014. Twenty-nine percent of births were paid for by **Medicaid** in Boulder County. That compares with 38.1% statewide. The 2014 rates of births paid for by Medicaid were higher than the average rates in both Boulder County and Colorado between 2007 and 2013 of 26.6% and 35.6%, respectively.

In 2014, more than 4 in 5 (82.1%) births to **teens aged 15 to 17** in Boulder County were paid for by Medicaid; 84.6% of those teens were enrolled in WIC.

Timing and frequency of prenatal care and smoking during pregnancy are important predictors of newborn and infant health. In 2014, 1 in 6 (15.8%) of Boulder County women with live births received either **no prenatal care or care after the first trimester**, about the same as the average for the preceding years 2001 to 2013. As in almost every year since 1992, the county's rate of late/no prenatal care was lower than the statewide rate, which was 19.0% in 2014. *Boulder County's rate of late/no prenatal care has been below the Healthy People 2020 goal of 22.1% every year since 1991.*

Boulder County's rate of late or no prenatal care among **women younger than 18** of 32.1% in 2014 was about twice as high as among all women. As has been the case nearly every year since 1993, the Boulder County rate remained below the state rate for this age group. The state and the county rates have shown no regular pattern of increase or decrease since 2001. *The county's teen rate has been consistently higher than the Healthy People 2020 goal of 22.1% for all women.*

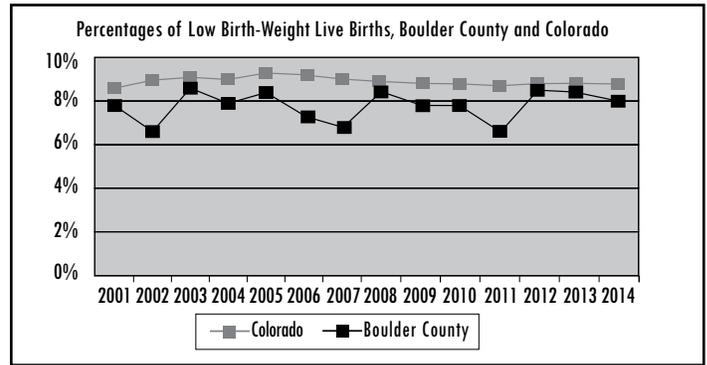


The 2014 rate of late/no prenatal care among the county's **Hispanic women** was 23%. This continued a general trend of decline since 2001, when it was 26%, but remained higher than the rate among **white non-Hispanic women**, which was 14% in 2014.

The **Adequacy of Prenatal Care Utilization Index** is a combined measure of timing of the start of prenatal care and number of prenatal visits compared to the recommended number of visits. In 2014, 10.0% of Boulder County women with live births received inadequate prenatal care. That rate has remained about the same since at least 1999 and has shown no regular pattern of change during that time period. The county's rate has been consistently lower than the statewide rate, which was 15.1% in 2014. *The 2014 Boulder County rate of inadequate prenatal care was well below the Healthy People 2020 goal of 22.4%. Although the rate among Boulder County women aged 15 to 17 (23.1% in 2014) has been consistently higher than the rate among all women, during the past five years, this group achieved or came close to the Healthy People 2020 goal of 22.4%.*

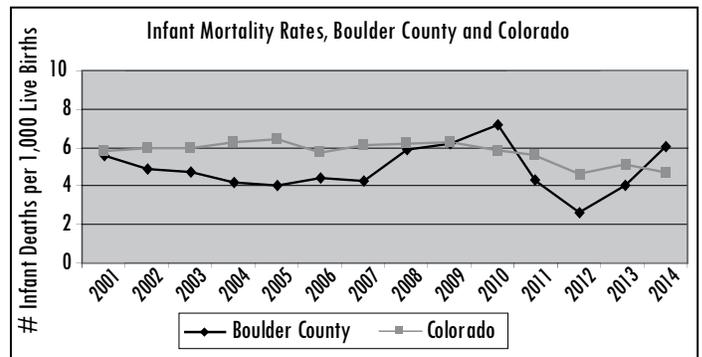
The percentage of Boulder County women who **smoked during pregnancy** in 2014, 3.3%, was about the same as the average of 3.9% between 2001 and 2013. The state rates have been consistently higher, standing at 6.7% in 2014. Boulder County women aged 17 and younger had about the same rate of smoking during pregnancy as did women of all ages, 3.6%. The 2014 rate was lower than the statewide rate of 7.4%. *Smoking during pregnancy in Boulder County was higher than the Healthy People 2020 goal of 1.4% for women of all ages.*

Between 2001 and 2014, there was no regular pattern of change in Boulder County's percentages of **low birth-weight births**. State percentages remained stable as well. In 2014, the county rate was 8.0% and the state rate was 8.8%. *Both rates were close to the Healthy People 2020 goal of 7.8%.*

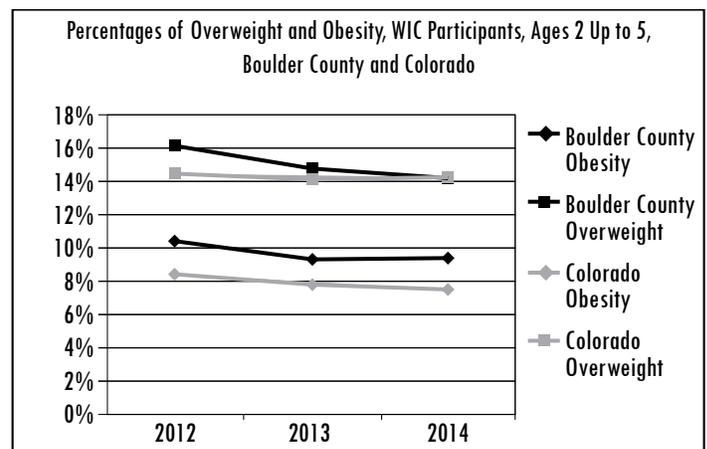


The percentages of low birth-weight births among **white non-Hispanic** and **Hispanic** women in Boulder County have been similar since 1990. Since 2001, there has been no regular pattern of change in either rate. The 2014 rate for white non-Hispanic women was 8.1% and for Hispanic women, 7.6%.

Between 2001 and 2014, there was no regular pattern of change in **infant mortality rates** in Boulder County or the state. During that time period, the county's rate was lower than the state rate every year except two. In 2014, the county rate was 6.1 deaths per 1,000 live births, a total of 18 deaths, while the state rate was 4.7. *The county rates were close to or lower than the Healthy People 2020 target rate of 6.0 almost every year since 1991.*



In 2014, 9.4% of Boulder County children aged 2 to 5 who were enrolled in **WIC** were **obese** and 14.2% were **overweight**. The county's combined overweight and obesity rate of 23.6% was similar to the combined rate of 25.7% in the general population of the county's children aged 2 to 14. *Boulder County's 2014 WIC obesity rate of 9.4% met the Healthy People 2020 target of 9.6% for children aged 2 to 5.*

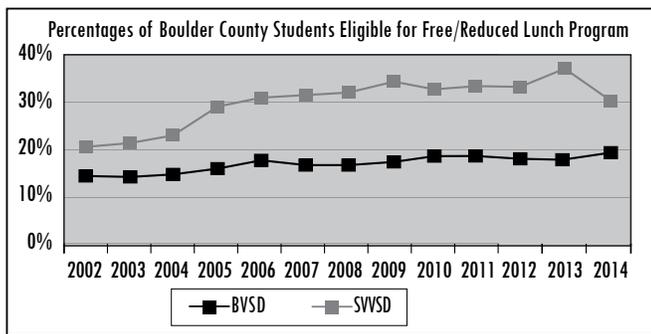


SCHOOL

School-Age: 6 to 11 Years

Economic Well-Being

After remaining stable between 2010 and 2013, the percentage of BVSD students eligible for the **free and reduced lunch program** (family income \leq 185% of federal poverty) increased slightly in 2014 to 19.7%. After reaching a peak of 37.5% in 2013, SVVSD's percentage of students eligible for free/reduced lunch decreased to 30.1% in 2014. Nearly 1 in 4 (24.9%) SVVSD students were eligible for **free lunch** (family income \leq 130% of federal poverty), as were 17.0% of BVSD students.



Services through the federal **McKinney-Vento Homeless Education Assistance Act** were provided to 2,324 homeless students enrolled in the county school districts during the 2013-14 school year, 1,597 in SVVSD and 727 in BVSD. Homeless students comprised 5.3% of all students in SVVSD and 2.4% of all students in BVSD, for a total of 3.8% countywide. The living situations of the county's homeless students varied considerably both within and between the two school districts. During the 2013-14 school year, 53.0% of SVVSD's homeless students lived in **doubled-up housing** with friends or relatives, 40.0% lived in **hotels or motels**, 5.0% were in **shelters, transitional housing, or awaiting foster care**, and 2.0% were **unsheltered**. In BVSD, 49.4% lived in doubled-up housing, 40.2% were in shelters, transitional housing, or awaiting foster care, 9.2% lived in hotels or motels, and 1.2% were unsheltered. In BVSD, 13.2% of homeless students were **youth on their own**, and in SVVSD, 1.7% were youth on their own.

Health

Widespread **vaccination** of children in the U.S. and worldwide has protected millions of children from a number of life-threatening diseases. According to a recent report by researchers at Colorado Children's Hospital, Colorado ranks 45th among the states in vaccination rates for children aged 19-35 months, and the state's rates were lower between 2009 and 2013 than in the previous five years.

In the 2014-15 school year, 77.4% of BVSD students and 86.5% of SVVSD students were **fully vaccinated**. Sixteen percent of students

in BVSD and 7.0% in SVVSD had **parent exemptions from some or all required vaccinations** for medical reasons or due to religious or personal beliefs. The remaining 6.5% of students in each school district either had not been fully vaccinated or had received no vaccinations or their parents had not submitted documentation of their child's vaccination status.

Percentages of Students Who Were Fully Vaccinated or Vaccine-Exempt, Boulder County School Districts, 2014-15 School Year

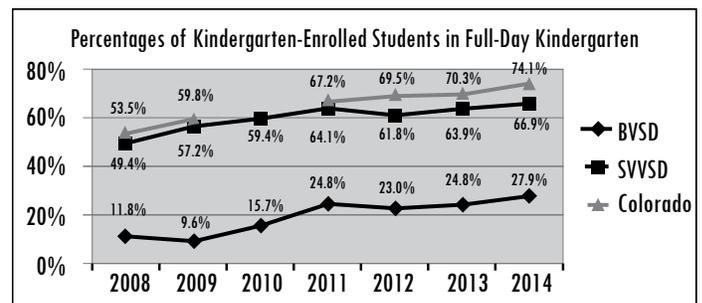
	% Fully Vaccinated	% Vaccine-Exempt*
BVSD	77.4%	16.1%
SVVSD	86.5%	7.0%

* Parents submitted a form to their child's school exempting the child from some or all required shots for medical reasons or due to religious or personal beliefs.



Education

Research has found that quality **full-day kindergarten** helps children to build on the skills they learn in their early years and prepares them for success in later years of school. The state currently provides funding for only a half-day of kindergarten. In order to offer a full day, school districts must raise their own money, charge tuition, or use a combination of both funding sources. In both county school districts and statewide, the percentages of public kindergarten students in full-day kindergarten increased between 2008 and 2014. BVSD's rates remained far below the rates in SVVSD and the state. (Data were not available for the state in 2010.)



AGE



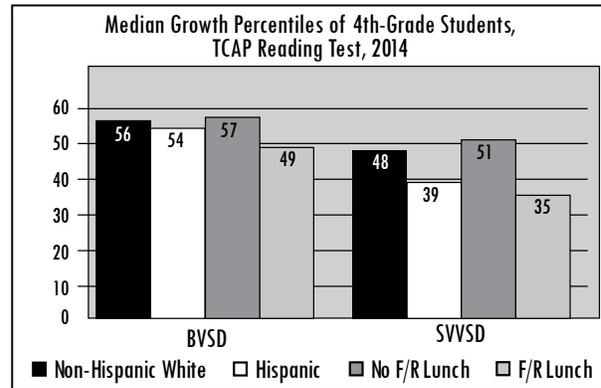
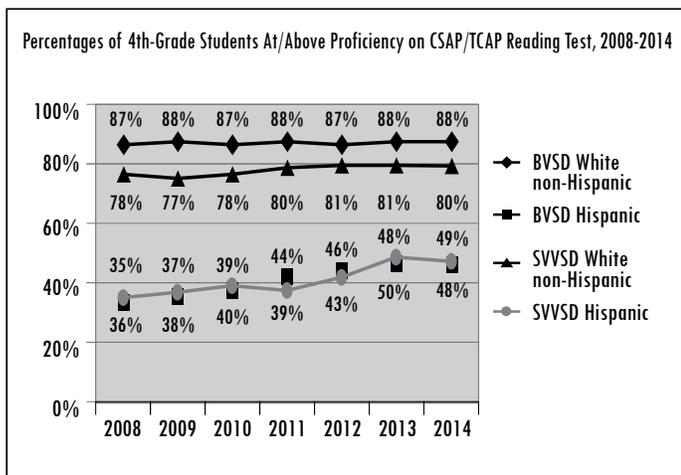
The transition of Colorado's statewide student assessment system aligned to the Colorado Academic Standards was completed in the 2014-15 school year, when Colorado began its participation in the **Partnership for Assessment of Readiness for College and Careers (PARCC)**. PARCC is a consortium of states that have developed, tested, and adopted a new assessment system to replace individual state standardized tests in language arts/literacy and mathematics for grades 3 through 8 and high school. In Colorado, the PARCC assessments replace CSAP/TCAP. Because the results of the spring 2015 PARCC tests are not currently available, the Boulder County results from the spring 2014 TCAP assessments are summarized in this report.

In spring 2014, Boulder County had a higher percentage of 4th graders scoring **at or above proficiency on the TCAP reading test** than did the state: 80% in BVSD, 71% in SVVSD, and 67% statewide.

Achievement gaps in CSAP/TCAP between Hispanic and white non-Hispanic students in Boulder County have persisted for many years. However, the **gaps** in percentages scoring at/above proficiency on the 4th-grade reading test declined between 2008 and 2013 in both county school districts. Those gaps, while still substantial in 2013, decreased because Hispanic students showed improvement in the percentages scoring at or above proficiency, while the percentages among white non-Hispanic students were stable in both school districts. From 2013 to 2014, scores for both groups in both school districts remained about the same.

The **CSAP/TCAP median growth percentile** shows how much change occurred in a group of students from one year to the next compared to other students in the state who had similar CSAP/TCAP scores in the first year. Median growth percentiles higher than 50 indicate that the group had higher growth than the state as a whole. Because CSAP/TCAP testing begins in 3rd grade, median growth percentiles are available beginning in 4th grade. The 2014 **4th-grade median growth percentile** in reading was 56 in BVSD and 46 in SVVSD.

Gaps in median growth percentile between white non-Hispanic and Hispanic students and between students eligible and not eligible for free/reduced lunch were apparent in both school districts, with greater gaps in SVVSD.



Linguistic isolation, which the Census Bureau defines as speaking English less than “very well” among people who speak a language other than English at home, creates substantial challenges for school achievement and community involvement. According to Census estimates for the combined years 2011 to 2013, 17.7% of children aged 5 to 17 in non-English speaking households spoke English less than “very well” in Boulder County, 4.0% of all children in that age group. Slightly less than one in five children (18.2%) in Spanish-speaking households spoke English less than “very well”.

Students who have been identified as **English Language Learners (ELL)** are not fully proficient in English reading, oral skills, and/or writing, as determined by standardized testing. In October 2014, there were 2,561 ELL students enrolled in BVSD, comprising 8.4% of total enrollment. In SVVSD, there were 5,737 ELL students, 19.3% of total enrollment. In the ten years since 2004, the number of ELL students increased by 10% in BVSD and by 88% in SVVSD.

ADOLESCENTS

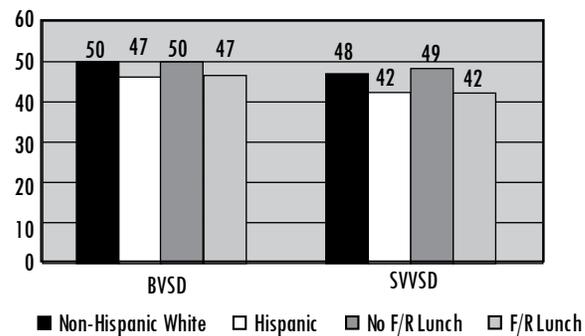
Education

As with the CSAP/TCAP 4th-grade reading scores, Boulder County had a higher percentage of 10th graders scoring **at/above proficiency on the CSAP/TCAP math test** than did the state in 2014: 38% in SVVSD, 49% in BVSD, and 33% statewide.

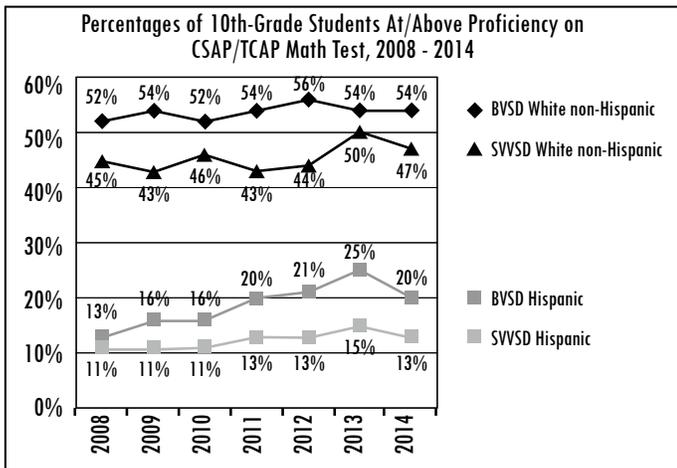
Between 2008 and 2013, the **gap between BVSD's Hispanic students and white non-Hispanic students** in the percentage scoring at/above proficiency, while still substantial, decreased because the scores of Hispanic students increased while the scores of white non-Hispanic students remained relatively stable. However, there was an increase in the gap between 2013 and 2014 due to the decline in the scores of Hispanic students. SVVSD saw little change in the gap because the scores of both groups remained relatively stable between 2008 and 2014.

As with the 4th-grade reading test, there were **gaps** between student groups in **median growth percentiles** in both school districts in the 2014 10th-grade math TCAP. Hispanic and lower-income students had lower average growth in the math TCAP between 9th and 10th grade than did white non-Hispanic students and higher-income students.

Median Growth Percentiles of 10th-Grade Students, TCAP Math Test, 2014

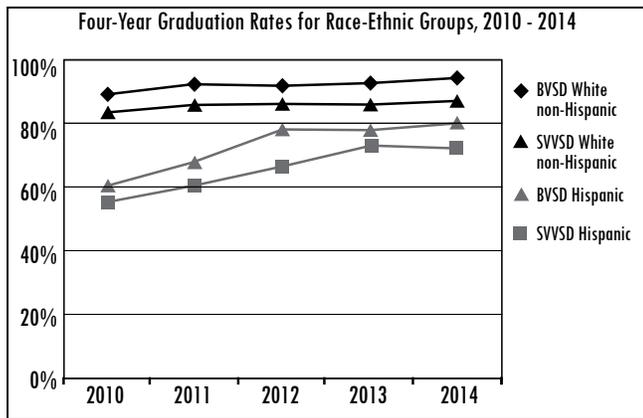


Four-year (on-time) graduation rates increased in both SVVSD and BVSD between 2010 and 2014. In SVVSD, the rate increased from 76.5% to 83.0%, and in BVSD, it increased from 84.7% to 91.8%. The statewide rate also increased, from 72.4% to 77.3%. *The Healthy People 2020 target four-year graduation rate is 82.4%. Both county school districts met this goal in 2014.* (Graduation rates prior to 2010 are not comparable to those from 2010 on because of the change to the on-time definition.)

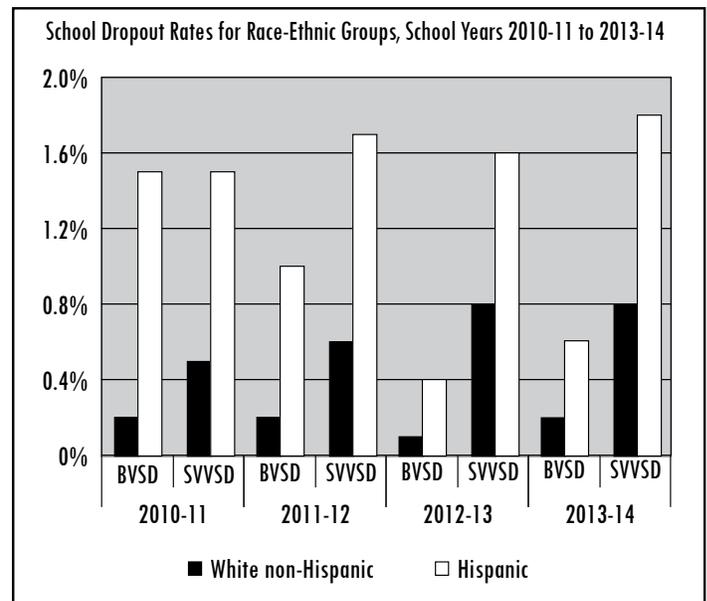


SCIENT

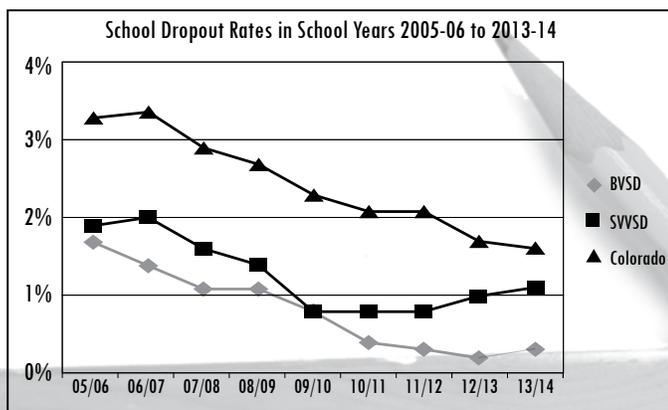
Although on-time graduation rates for **white non-Hispanic students** in both county school districts increased modestly between 2010 and 2014, the rates for **Hispanic students** increased by 30% in both school districts. As a result, the gaps between these two groups narrowed during that time period.



The school dropout rate has been higher for **Hispanic students** than for **white non-Hispanic students** in both Boulder County school districts. However, the gap decreased between 2010-11 and 2013-14. In BVSD, this was due primarily to a decrease in the dropout rate among Hispanic students. In SVVSD, the more modest decrease in the gap was due to a small increase in the dropout rate among white non-Hispanic students.

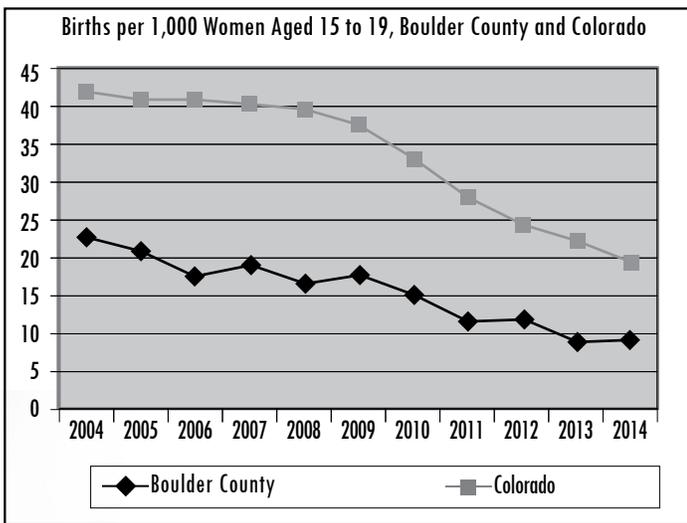


Following a seven-year decline, the **school dropout rate** increased slightly in BVSD in 2013-14 to 0.3%. SVVSD also showed increases, to 1.1% in 2013-14. The state rate continued to trend downward. (The dropout rates do not include adult and alternative education. Dropout rates prior to 2005-06 are not comparable to later rates due to state legislation enacted in 2005 that defined a student as a dropout if he/she stopped attending school and the original district did not have adequate documentation that the student transferred to another educational program.)



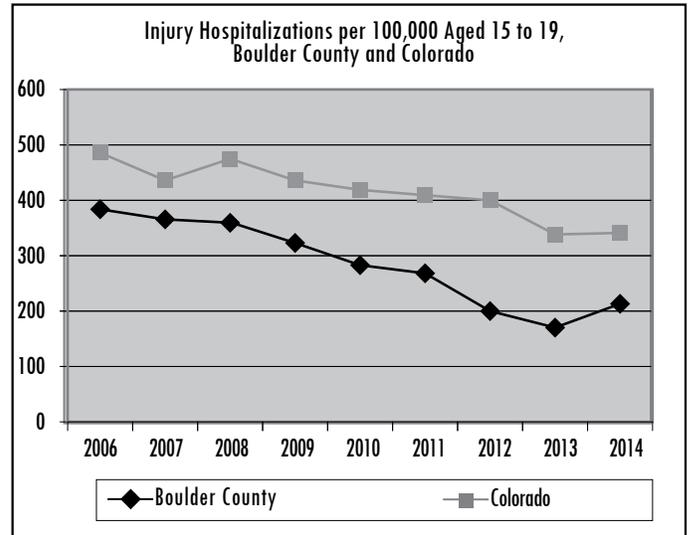
Health

From 2009 through June 2015, 68 family planning clinics in Colorado, including one in Boulder County, participated in a privately-funded statewide program, the **Colorado Family Planning Initiative**. The purpose of the initiative was to provide women with **long-acting reversible contraceptives** at little or no cost. The original private funding has now ended, the Legislature voted not to fund the effort, and as a result, the state health department is currently engaged in raising money to continue the program. Between 2009 and 2014, Boulder County's birth rate for **women aged 15-19** decreased by 48%, from 17.8 births per 1,000 women in that age group to 9.3. During the same time period, Colorado's rate also decreased by 48%, from 37.5 to 19.4. For both the county and state, that was a much greater decrease than in the previous 5-year period from 2004 to 2009, during which the rates decreased in the county by 22% and in the state by 11%.

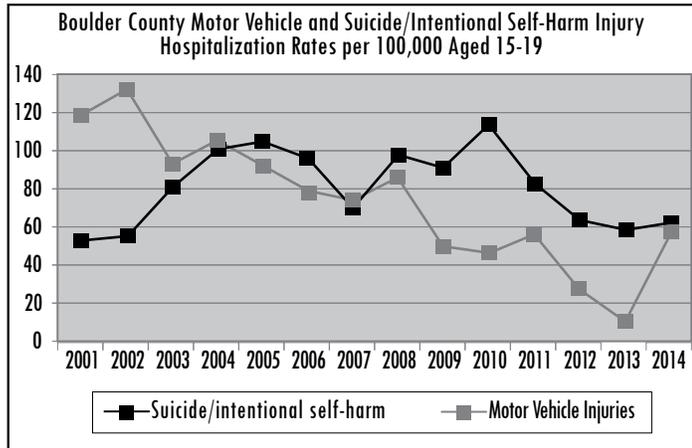


Of the 110 births to the county's women aged 15 to 19 in 2014, 64% were to teens from **Longmont**, 16% were from **Boulder**, 11% from **Lafayette**, and the remainder were from **Louisville/Superior** or elsewhere in the county. Thirty percent were to white non-Latino women and 68% were to Latino women.

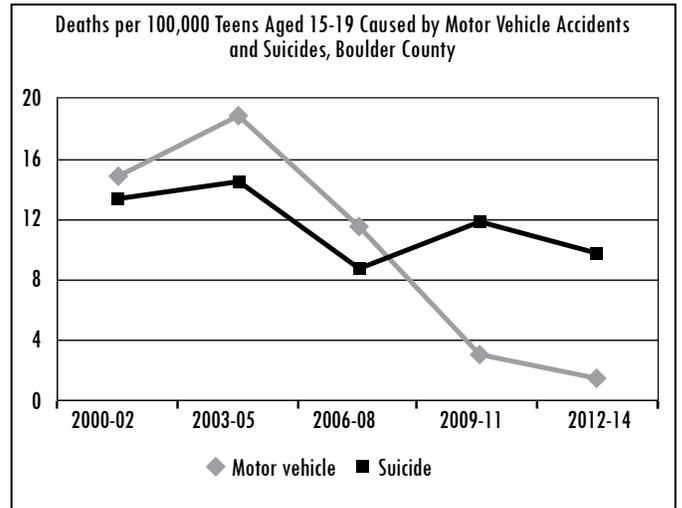
After declining every year between 2006 and 2013, Boulder County saw an uptick in **rates of hospitalizations due to injuries among teens aged 15 to 19** in 2014. State rates have remained higher than the county rates every year since 2000.



One of the reasons for the increase in adolescent injury hospitalizations in Boulder County was an increase in hospitalizations due to **motor-vehicle injuries**. After steady and dramatic decreases between 2002 and 2013, there was a marked increase between 2013, when the rate was 12.6 per 100,000 and 2014, when it was 58.1. Since 2000, **teen hospitalization rates due to suicide/intentional self-harm** peaked in 2010 at 114.2 and have been substantially lower since then.



As with injury hospitalizations, the pattern of **causes of adolescent deaths** has changed in Boulder County. Between 2003-05 and 2012-14, deaths per 100,000 teens aged 15 to 19 due to **motor-vehicle injuries** declined by 93%, from 19.0 per 100,000 to 1.4. During the same time period, the teen death rate due to suicides declined more modestly and more unevenly, from 14.6 to 9.8, a 33% decrease. The 2012-14 suicide death rate was seven times the motor-vehicle death rate in that time period.



Boulder County's **mortality rates for teens aged 15 to 19** generally trended downward between 2005 and 2014, from a rate of 55.1 per 100,000 population in that age group (13 deaths) to a rate of 29.0 (7 deaths). Although the state's teen mortality rates decreased after 1994, state rates have been higher than Boulder County rates every year but one since 1990. *Boulder County's teen mortality rates have met the Healthy People 2020 target of 55.7 per 100,000 aged 15 to 19 every year but one since 1990.*



Selected Findings from the 2013 Youth Risk Behavior Survey

The Centers for Disease Control and Prevention (CDC) developed the Youth Risk Behavior Surveillance (YRBS) System to monitor risk behaviors among the nation's youth. Since 2001, Boulder County YRBS survey results have measured how many youth engage in health-risk behaviors and how many practice health-promoting behaviors. In 2013, to strengthen the YRBS in Colorado, the Colorado Departments of Education, Public Health and Environment, and Human Services undertook a statewide, unified survey initiative – the Healthy Kids Colorado Survey (HKCS). Because methods changed, the 2013 HKCS results establish a new baseline and are not comparable to previous YRBS results. All results are available online at www.BoulderCountyYRBS.org or www.BoulderCountyHKCS.org. Findings from the 2013 Boulder County YRBS show that there were considerable differences among student groups in some risk-related attitudes and behaviors.

- More than 4 in 10 middle-schools students had been **bullied on school property**. Nearly 1 in 5 high-school students had been bullied on school property in the past year, as had almost 1 in 3 LGBQ high-school students.
- One-third of female middle-school students and nearly one-quarter of female high-school students had been **electronically bullied**, as had more than a quarter of Hispanic middle-school students and LGBQ high-school students.
- **Hispanic middle-school students** were significantly more likely to **seriously think about suicide** and to **attempt suicide** than their peers.
- **LGBQ high-school students**, in particular, and **female high-school students** were more likely to show signs of **depression** than were other high-school students: **harming themselves, feeling sad and hopeless, seriously considering attempting suicide, and attempting suicide**. Nearly one-fifth of LGBQ high-school students had attempted suicide in the past year.
- About the same percentage of middle-school and high-school students had **seriously considered attempting suicide** (about 1 in 7) and had **attempted suicide** (about 1 in 20).
- **Hispanic middle-school students** were far more likely than were their **white non-Hispanic** peers to have **ever smoked a cigarette, smoked in the past month, ever used alcohol, or ever used marijuana**. Hispanic high-school students were more likely to have used alcohol or marijuana before the age of 13.
- Nine in 10 high-school students believed that **smoking a pack of cigarettes a day posed moderate to great risks**. Almost three-quarters believed that having **one or two drinks a day** posed moderate to great risks, and just over half believed that **regular use of marijuana** posed moderate to great risks.
- **LGBQ high-school students** were significantly more likely than were other students to have **used marijuana before they were 13** and to use **prescription drugs without a prescription**.



BVSD Middle Schools

	Males	Females	White Non-Hispanics	Hispanics	Total BVSD
Mental Health					
Ever been bullied on school property (1) (2)	39.8%	46.3%	44.9%	36.4%	42.9%
Ever been electronically bullied (1) (2)	14.9%	33.4%	22.4%	27.3 %	24.0%
Felt so sad, hopeless almost every day for 2 weeks or more that stopped doing some usual activities, past year (1) (2)	11.5%	21.4%	14.9%	23.1%	16.4%
Ever seriously thought about suicide (2)	14.2%	15.2%	11.8%	28.1%	14.7%
Ever attempted suicide (1) (2)	2.1%	6.0%	3.1%	9.2%	4.1%
Substance Use					
Ever tried cigarette smoking (1) (2)	7.1%	4.9%	3.6%	14.3%	6.0%
Smoked 1+ cigarette, past 30 days (2)	2.0%	1.6%	0.9%	5.3%	1.8%
Ever drank alcohol (more than a few sips) (1) (2)	19.1%	15.8%	13.4%	36.1%	17.5%
Ever used marijuana (1) (2)	9.2%	5.8%	5.2%	16.0%	7.5%

BVSD and SVVSD High Schools

	Males	Females	White Non-Hispanics	Hispanics	LGBQ	Total Boulder County
Mental Health						
Bullied on school property, past year (3)	16.0%	21.8%	19.7%	17.2%	30.1%	18.9%
Been electronically bullied, past year (1) (3)	7.8%	22.5%	16.3%	12.4%	27.2%	15.1%
Purposely hurt self (cutting, burning), past year (1) (3)	6.7%	24.2%	14.9%	17.7%	47.8%	15.4%
Felt so sad, hopeless almost every day for 2 weeks or more that stopped doing some usual activities, past year (1) (3)	15.5%	29.9%	21.1%	27.4%	47.1%	22.7%
Seriously considered attempting suicide, past year (1) (3)	8.2%	19.4%	13.3%	15.3%	37.3%	13.7%
Attempted suicide, past year (1) (3)	2.1%	7.8%	4.2%	7.8%	19.2%	4.9%
Substance Use						
Tobacco use, past 30 days	18.5%	8.9%	15.1%	9.9%	21.7%	13.7%
Smoked whole cigarette before age 13	5.4%	4.7%	3.7%	9.3%	11.7%	5.0%
Smoking a pack/day poses moderate to great risk (2)	89.8%	92.6%	93.1%	84.6%	88.3%	91.2%
Alcohol use, past 30 days	31.5%	32.7%	32.5%	33.6%	33.3%	32.1%
Drank alcohol before age 13 (2)	15.9%	11.7%	11.8%	22.1%	23.0%	13.8%
Binge drinking, past 30 days	18.3%	17.4%	17.8%	20.1%	21.6%	17.9%
1 or 2 drinks/day poses moderate to great risk (1)	67.6%	78.6%	71.9%	73.3%	71.3%	73.1%
Marijuana use, past 30 days	24.2%	16.5%	20.1%	23.6%	23.2%	20.4%
Marijuana before age 13 (1) (2) (3)	8.5%	3.5%	4.6%	10.6%	13.3%	6.0%
Smoking marijuana regularly poses moderate to great risk (1)	48.8%	60.1%	54.2%	51.3%	45.5%	54.5%
Ever used prescription drugs without a prescription (3)	12.6%	12.9%	12.9%	13.0%	24.0%	12.7%

(1) Difference between males and females is statistically significant at the 95% confidence level (p<.05).

(2) Difference between white non-Hispanics and Hispanics is statistically significant at the 95% confidence level (p<.05).

(3) Difference between LGBQ and heterosexual students is statistically significant at the 95% confidence level (p<.05).

Resources for Children and Families in Boulder County

boulder.co.networkofcare.org -----Link to community resources,
services & programs

Attention Homes -----(303) 447-1206

Boulder County Housing & Human Services----- (303) 441-1000

Boulder County Public Health----- (303) 441-1100

Boulder Valley School District----- (303) 447-1010

Boulder Valley Women's Health Center ----- (303) 442-5160

City of Boulder Family Services ----- (303) 441-4357

City of Longmont Children, Youth & Families----- (303) 651-8580

Clinica Family Health Services (Lafayette)----- (303) 650-4460

Dental Aid

Boulder: ----- (303) 499-7072

Longmont: ----- (303) 682-2619

Louisville/Lafayette: ----- (303) 665-8228

Emergency Family Assistance ----- (303) 442-3042

Head Start:

Boulder County Head Start (serves BVSD area) - (303) 441-3980

Wild Plum Center Head Start (serves SVVSD area) - (303) 776-8523

Mental Health Partners (formerly the Mental Health Center
Serving Boulder and Broomfield Counties)----- (303) 443-8500

24-Hour Rape Crisis Line: ----- (303) 443-7300

24-Hour Crisis Line: ----- (303) 447-1665

OUR Center (Longmont) ----- (303) 772-5529

People's Clinic/Clinica (Boulder)----- (303) 449-6050

Safe Shelter of St. Vrain Valley

24-Hour Crisis Line:----- (303) 772-4422

Outreach:----- (303) 772-0432

Safehouse Progressive Alliance for Nonviolence, Inc.

24-Hour Crisis/Counseling Line ----- (303) 444-2424

Outreach ----- (303) 449-8623

Tri-Cities ----- (303) 673-9000

St. Vrain Family Center ----- (303) 776-5348

St. Vrain Valley School District----- (303) 776-6200

Sister Carmen Community Center (Lafayette) ---- (303) 665-4342

Salud Family Health Center (Longmont) ----- (303) 772-1906

The Tiny Tim Center ----- (303) 776-7417

YWCA of Boulder County----- (303) 443-0419





This project was conducted by the Report Card Committee of the Boulder County Movement for Children, an affiliate of the YWCA of Boulder County: Namino Glantz, Greta Maloney, Bobbie Watson, Lynn Gilbert (committee chair), and Stephanie Greenberg (project director). It was supported by the Boulder County Community Services Department, Boulder County Public Health, City of Boulder Human Services Department, and YWCA of Boulder County. For more information, please contact Stephanie Greenberg (303-499-1404, research@swgreenberg.com).

Graphics by Boulder County Community Services Department. Printing by Boulder County Printing Services.

